

This is an end at once practical and realistic, and should not have as its point of departure any dogmatic religious, philosophical or ethical system. The object should be to decrease the number of criminals, not to increase the number of those punished. The combat against crime should be regulated by scientific study of its causes—criminal etiology. These causes are general and personal. The general causes are mainly social, the personal causes, anthropological. Penal justice should dispense measures of social education to corrigible, measures of social protection to incorrigible criminals. The distinction between young and adult criminals is of less value than one based upon psychological state, social needs, and to what extent they are a danger to the community. Much latitude should be left to the judge in the choice between a number of educational and protective measures. In order to assist him to make a proper choice, a psychiatric service should be attached to each tribunal and to each correctional establishment. A great stumbling block is the divergence between legal and medical views as to what constitutes criminal responsibility. The legal division of criminals into the two classes of responsible and irresponsible is fallacious and should be abolished. In the study of the individual there should be noted especially psychical state, dangerousness and whether probably corrigible or incorrigible. The testimony of the trained physician should form a part of each criminal procedure, though examination by him is not necessarily indicated in every case. Two elements should decide whether his services are needed or not: 1. The nature of the act of the individual, and (2) the nature of the correctional measures whose application is under consideration by the tribunal.

(ALLEN) Trenton.

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25. Frequency and Causes of Mental Disorder in the German Navy, with a Comparison of Army Statistics. *PODESTÀ.*
26. Globus and Aura. *MAX BUCH.*
27. Disease of the Ventral Horns in Tabes Dorsalis. (Conclusion.) *MICHAEL LAPINSKY.*
28. Acute Juvenile Dementia. *M. FUHRMANN*
29. Three Cases of Organic Disease of the Brain with Psychosis. *OTTO KERN.*
30. Self-Accusing Insane. *E. MEYER.*
31. Spinal Cord Lesions and Progressive Paralysis and Their Significance in the Explanation of Argyll-Robertson Pupil. *KINICHI NAKA*
32. Paralysis and Trauma. *C. GIESELER*
33. Physiological and Pathological Sleepiness. *HANS GUDDEN.*

25. *Mental Disease in Army and Navy.*—Podestà, from the point of view of a physician in the navy, calls attention to the increasing amount of mental disorder in the army and draws comparisons between this situation and the occurrence of like disorders in the navy. The discussion of the various types of disorder met with is extremely detailed and based on much careful statistical study. He finds that in the later terms of service general paralysis, epileptic insanity, paranoia and mania are frequent in the army, but less so than in the navy, where especially paranoia, general paralysis and alcoholic insanity are particularly pronounced. Neurasthenic and hysterical conditions are likewise frequent in the navy, together with a considerable amount of general weak-mindedness. The greater amount of such difficulty in the navy is attributed to the peculiarity of the service. A large proportion of the cases occur in the later years of service among the officers. Service in the tropics is also held in a measure responsible. As a study of secondary causes the article is of much interest.

26. *Globus and Aura.*—This paper is a comprehensive attempt to explain on an anatomical and physiological basis the well recognized symp-

tom of globus, often, as the writer maintains, erroneously termed globus hystericus. Buch is of the opinion that the popular conception that globus is a pathognomonic symptom of hysteria is wrong, and that it very frequently occurs in conditions quite distinct from this neurosis. Globus hystericus, he thinks, is simply neuralgia of the sympathetic, and occurs only in disorder of that nervous mechanism. That it occurs with hysteria does not justify its acceptance as a symptom of that disorder. Among twenty cases examined by him not one showed evidence of hysteria. In two other cases in which hysteria was a possibility there was no globus. As a basis for globus he finds chlorotic and anemic conditions conspicuous. In general, the symptom is due not to a central nervous disturbance, but rather to a local hyperexcitability of the sympathetic. Treatment by iron and arsenic is successful.

27. *Ventral Horn Disease in Tabes*.—Lapinsky reaches the following general conclusions in his exhaustive paper: That the statement of Dejerine and his pupils that the atrophies and paralyses of tabes depend upon peripheral neuritic alterations primarily has a limited application; that cases occur in which a primary degeneration of the ventral horn cells takes place; that in those cases in which the muscular atrophy depends upon disease of the ventral horn cells the disease develops sub-acutely and is not inflammatory; that the affection of the ventral horns appears in two forms, either diffuse or in the form of localized areas of degeneration; that in the localized form of disease the affection bears no resemblance to poliomyelitis because of the lack of evidence of inflammation; that both localized and diffuse processes may coexist in the same case; that alterations of vessels, degenerated collaterals of dorsal roots, alterations in the pyramidal tract, and atrophied ventral horn cells stand in relation to each other; that the various pathological alterations determine the character of the disturbance in the horn, and finally, that the paralyses, pareses, atrophies and changes in the muscular system of spinal origin, are to be regarded as the result of a localized disorder of the spinal cord. An extensive bibliography follows this article.

28. *Acute Juvenile Dementia*.—After commenting on Kraepelin's service to psychiatry in bringing into prominence the symptom group of dementia præcox, Fuhrmann proceeds to report three cases which he regards as belonging to the group of paranoid dementia præcox. The cases are reported at great length, and lead, in general, to the following conclusions: An acute psychosis going on to dementia was observed in three young adults, in all of whom there was a family history of alcohol in the father. The initial stage in one instance resembled a delirium tremens, in the others, an acute alcoholic hallucinosis. The interesting question is raised as to whether such a psychosis in the descendants could result from excessive alcohol indulgence in the parents, and the opinion is ventured that the alcoholism of the father gave the psychoses of the sons their peculiar alcoholic stamp, and further that there is reason to suppose that the psychoses were directly caused by the alcoholism of the fathers. The writer is not content with the term dementia præcox for these cases, and gives the name acute juvenile dementia, with the possible qualification on the basis of a degenerative alcoholic taint.

29. *Brain Disease and Psychoses*.—Kern reports three cases of structural disease of the brain associated with a psychosis. The first case during life gave the general picture of catatonia; a preliminary melancholic stage, sudden condition of agitation, later impulsive acts. The autopsy showed a brain abscess in the left cerebrellar hemisphere. The second case showed at the age of twenty-nine certain mental alterations associated with sleeplessness, followed by apathy, abulia, refusal of food, and suicidal ideas, together with headache and twitchings of the extremities. She was later depressed, but suicide was never a prominent feature. The autopsy showed a large glioma of the left parietal lobe and central ganglia. The third case developed an acute psychosis at the age of twenty-eight, with con-

fusion and occasional violence, associated with excitement and motor unrest, which went on to a marked mental alteration. The autopsy showed a rather small sarcoma in the white matter of the right frontal lobe, and a large hemorrhage in the right lateral ventricle. A discussion of the relation of mental disturbances to new growths and remarks on operative interference conclude the article.

30. *Self-Accusation*.—Meyer discusses that type of mental disorder, prevalent in the sixteenth and seventeenth centuries, and also in later times, wherein the prevailing mental state is one of self-accusation. Cases are reported and the medico-legal bearings of the psychosis are considered.

31. *General Paresis and Cord Changes*.—In this paper Naka gives an exhaustive study of the now generally recognized alterations in the spinal cord in general paralysis, together with a discussion of the Argyll-Robertson pupil. A careful historical consideration of the subject precedes the writer's personal investigation, which covered the study of forty-three spinal cords in progressive paralysis. In these forty-three cords he found only once isolated degeneration of the pyramidal tracts, six times isolated degeneration of the dorsal tracts, and thirty-five times combined disease of the dorsal and lateral tracts. In but one case was the cord normal. In twenty-three of the cases there was total failure of the pupils to react to light, and in twenty-six increased knee jerks. In thirteen cases the knee jerks were lost on both sides, in two normal and in two unequal. A certain number of the cases are reported in detail, and the paper, in general, is a valuable statistical study of the spinal cord alterations in general paralysis.

32. *General Paresis and Trauma*.—Giesler in this paper discusses the difficult question of the relation between general paralysis and trauma. Such an association has been assumed in a certain proportion of cases by a large number of writers. Geisler reports six cases relative to this discussion. In these cases syphilitic infection did not definitely occur, although there was a possible suspicion of its existence in two. It was also shown that alterations of the skull or brain could not be brought into association with previous trauma. This, however, is naturally maintained not to prove that trauma may not have been a positive factor. It is, however, concluded that it is unlikely that even a very considerable trauma can be the sole cause of general paralysis, although from the practical standpoint it may be regarded as a contributive cause. Caution must, however, be observed in estimating the etiological significance of trauma.

33. *Pathological Sleep*.—Gudden discusses the question of pathological sleep on the basis of many carefully formulated cases. He concludes that the most conspicuous sign of pathological sleep is a shifting in the return of consciousness and the capacity for action; that the development of the disturbance is often favored by the weakness or the failure of definite impressions before going to sleep, which are of significance for the quick return of consciousness on awakening; that in a similar way long persistence of states of anxiety before sleeping favors its development; that the feeling of discomfort normally associated with early awakening plays a part in the thoughts and actions of those overcome with sleepiness, and that pathological sleep is often continued over a long period of time with certain complications.

E. W. TAYLOR (Boston).

Miscellany

TREATMENT OF SELECTED CASES OF CEREBRAL, SPINAL AND PERIPHERAL NERVE PALSIES AND ATHETOSSES BY NERVE TRANSPLANTATION, WITH REPORT OF A CASE OF ATHETOSIS BENEFITED BY OPERATION. By William G. Spiller, M.D.; Charles W. Frazier, M.D., and J. J. A. Van Kaathoven, M.D. (The Amer. Jour. of the Med. Sciences, February, 1906).

Dr. Spiller discusses the treatment of anterior poliomyelitis by nerve transplantation, the results of which in selected cases have been very encouraging. The chief dangers in operating on cases of anterior poliomyelitis